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Worcester County
HEALTH DEPARTMENT
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Deborah Goeller, R.N., M.S.
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If you ever doubted the power and hold heroin imposes on people's lives, consider this firsthand account from a 19 year old in Connecticut:

Mike McCorken says he began smoking marijuana at age 12 and graduated to heroin by 14. His mother and stepfather often injected drugs with him.

"I tried to get help so many times growing up," said McCorken, of New Haven, Conn. "Getting into detox was always difficult because there were never any beds available."

The wait for a spot in a detoxification program ranged from days to weeks, McCorken says. He was never able to abstain from drugs that long. "If I had to wait, without a doubt, I was getting high," he said.

McCorken finally got into treatment when he was 19, after the death of his stepfather. He and his mother heard his stepfather collapse behind a locked bathroom door. McCorken kicked the door down and found his stepfather on the floor, bleeding and unconscious from a heroin overdose.

"Before we called the police," McCorken said, "we did the drugs left in his pocket."

- Only 11% of the 22.7 million Americans who needed drug or alcohol treatment in 2013 actually got it, according to the Substance Abuse and Mental Health Services Administration. Some of those who went without care did so by choice. But at least 316,000 tried and failed to get treatment.
- Every dollar invested saves \$4-\$7 in less drug-related crime, criminal justice courts and thefts, according to the National Institute on Drug Abuse. While one year of methadone costs \$4,700, a year in prison costs \$18,400.



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Worcester County facts:

- Population: 51,675 (2014 census estimate)
- Worcester County is Maryland's only Atlantic seacoast county, situated on the southeastern extremity of Maryland's Eastern Shore. The county extends some thirty miles from Delaware in the north to Virginia in the south, and stretches twenty-five miles at its greatest width.
- The seaside resort of Ocean City is within Worcester County's boundaries. However, most of Worcester is agricultural and forest with low population density, and a rural designation.
- Public health experts say rural places everywhere contain the raw ingredients that lead to problems with drugs and the related health issues. Many residents struggle with poverty, addiction and doctor shortages, and they lag behind urban areas in funding, services and awareness. And the same lack of anonymity that gives rural towns their charm fosters a strong stigma that discourages treatment.
- Drug cultures often thrive in economically marginalized rural areas without treatment centers like Worcester. 10.9% of Worcester residents live below the poverty level and the county holds a HPSA designation for shortages in primary care, psychiatry, and dental.
- Ocean City, a major tourist destination in Maryland City becomes the second largest city in Maryland during the summer months. With the influx of tourists, the county's population can exceed 340,000 on peak weekends in the summer. Even in the fall and spring, which are considered "shoulder" tourism months, as many as 150,000 people can be visiting the county, (Public Relations Department, Town of Ocean City, Maryland). The surge in population and the "partying atmosphere" of the resort offer additional challenges for public health.



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Impact of opioids in the community

- Worcester County has a Crude Death Rate for total intoxication deaths that is higher than the state average {Worcester 12.8 per 100,000: Maryland 11.9 per 100,000 population}, (The Maryland DHMH Drug and Alcohol Intoxication Deaths Report from 2007-2011). In 2015 thus far, Worcester County has had 6 unintentional deaths from opioids. This matches the total number of deaths related to opioids for 2014.
- The age-adjusted data show that Worcester has an even greater disparity in Crude Death Rate for total intoxication deaths, compared with the state average {14.5 deaths per 100,000 population in Worcester vs. 11.5 per 100,000 population in Maryland}. 65% of all Intoxication related deaths (28 of 43) in Worcester County between 2007 and 2011 were opioid related. This compares to 77% statewide. However, 48% of total (21/43) intoxication deaths in Worcester County were related to *prescription* opioids whereas 41% (1427/3450) of total intoxication deaths were related to prescription opioids statewide.

Emerging Public Health Trends:

- **Hepatitis C infections have increased 150 percent** in the United States over the last four years, illustrated recently by an HIV/hepatitis C outbreak in a rural Indiana county. Linked to intravenous drug use, hepatitis C infections are on the rise nationally. Indiana's drug-fueled outbreak — 153 confirmed cases — prompted the federal Centers for Disease Control and Prevention to issue a health advisory alerting states, health departments and doctors nationwide to be on the lookout for clusters of HIV and hepatitis C among intravenous drug users and take steps to prevent them.

Existing Services

- Behavioral Health Intake Team – Snow Hill Walk In hours Monday thru Friday 8am to 9:30am, scheduled appointments also available.
- Individual and Group services available at all sites, IOP services 3 days a week at WACS. Specialty Groups also available in addition to our traditional groups. Examples include; Dual, Women's, Transition.



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- Adolescent addictions counselors available for all middle and high school students
- Drug Court – Circuit, District, and Juvenile Drug Court (Naloxone Training now a requirement for all Drug Court participants)
- Behavioral Health Intakes and ongoing addictions counseling available at the Worcester County Detention Center
- Screenings and Referrals for inpatient treatment available at all health department locations.
- Same Day Crisis Intervention at all locations.
- Referrals for Methadone and Suboxone available at all locations.
- Peer Support Services – Currently have 3 peer support specialists for the health department. One is solely dedicated to working at the Worcester County Department of Social Services and works with clients/families that have come through for suspected child maltreatment and identified as having a substance abuse issue.
- Naloxone Training
- HIV/pregnancy testing available to all clients

Resource needs or gaps and recommendations

- Transportation to and from treatment – There is a large number of clients who are in need of treatment one or more days per week. Many cannot attend the requested number of days due to lack of transportation or funding to purchase the bus tickets needed.
- Housing – High homeless population and our local shelters are often full.
- Continuous outreach efforts to those in need of Naloxone Training. Clients are often hesitant to identify families/friends that may benefit from the training.
- Engaging families in treatment. All clients are asked at intake if they would like a family member and/or support person to participate in the treatment and almost all refuse.
- Identification/Coordination of client's medical providers in the community with their Behavioral Health providers. This would include verification of whom the client is seeing in the community and medication prescribed (PCP, dentist, pain management, etc).
- Education for providers on opioid prescription
- Early drug and alcohol education/prevention to the local middle school students and parents.



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- Having Peer Support Specialist located in the Emergency Departments and/or walk in facilities.
- Stigma Training around substance use and treatment
- Providing Naloxone Training to inmates while incarcerated. High risk population of overdosing after being released.
- Hepatitis C screening/treatment
- Additional funding/facilities needed for detox services, especially the ability to offer residential detox when needed for opiate treatment.
- Routine CRISP checks on all clients who enter treatment